

2814
EB

TRANSMITTAL FORM

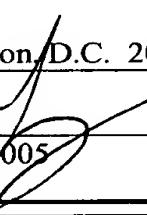
(to be used for all correspondence after initial filing)

		Application Number	09/774,888
		Filing Date	February 1, 2001
		First Named Inventor	Jun KOYAMA et al.
		Group Art Unit	2814
		Examiner Name	Howard Weiss
Total Number of Pages in This Submission		Attorney Docket Number	740756-2255

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.
			Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Luan C. Do – Reg. No. 38,434n Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	April 6, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300 _____.

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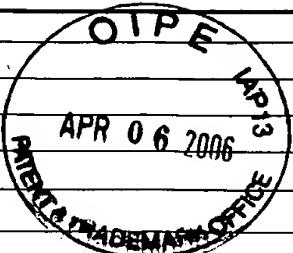
FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)**300.00

Complete if Known	
Application Number	09/774,888
Filing Date	February 1, 2001
First Named Inventor	Jun KOYAMA et al.
Examiner Name	Howard Weiss
Art Unit	2814
Attorney Docket No.	740756-2255



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

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Deposit Account Number **19-2380**

Deposit Account Name **Nixon Peabody LLP**

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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	150	Utility filing fee
1002	2002	100	Design filing fee
1003	2003	100	Plant filing fee
1004	2004	150	Reissue filing fee
1005	2005	100	Provisional filing fee
SUBTOTAL (1)		(\$) 0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims		Extra Claims \times 0	= 0
Independent Claims		\times 0	= 0
Multiple Dependent		\times 0	= 0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	25
1201	2201	100
1203	2203	180
1204	2204	100
1205	2205	25
SUBTOTAL (2)		(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**300.00

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SUBMITTED BY

Name (Print/Type)	Luan C. Do	Registration No. (Attorney/Agent)	38,434	Telephone	(202) 585-8000
Signature				Date	April 6, 2006

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